

(APPENDIX 10)

IN REPLY REFER TO:
1752
N91/XXX
dd mm yy

FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE

From: Commanding Officer, Command
To: (SPONSORS RANK/RATE AND FULL NAME, USN, USAF, USMC, USA)
Via: (Commanding Officer, command of sponsor's case)

Subj: CLINICAL CASE STAFF MEETING (CCSM) CASE CLOSURE
NOTIFICATION ICO SPONSORS RANK/RATE AND FULL NAME, USN

1. The CCSM was held on (date), to discuss the current open Family Advocacy Program (FAP) case involving you. After careful consideration of all available information, the CCSM closed the FAP case as (resolved/unresolved), treatment objectives (met/treatment objectives not met/treatment failure).

2. If you have any questions regarding the information above, please contact the FAP POC (insert name) at (XXX-XXXX) or email at (insert email address).

CO SIGNATURE BLOCK
By direction

Copy to: (insert if applicable)
Family Advocacy Representative

(Appendix 9)

IN REPLY REFER TO:
1752
Ser N91/XXX
dd Mmm yy

FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE

From: Commanding Officer, command
To: Commanding Officer, command

Subj: CLINICAL CASE STAFF MEETING (CCSM) RECOMMENDATIONS ICO
SPONSORS RANK/RATE AND FULL NAME, USN

Ref: (a) NAVADMIN 155/12

1. Per the reference (a), the CCSM was held on date, to close the Family Advocacy Program (FAP) case on SPONSOR'S RANK/RATE NAME and made the following recommendations for preventative services.

a. List of services recommended.

2. Participation in the above services is voluntary but highly recommended in order to adequately address the issues of possible concern.

3. SPONSORS RANK/RATE AND FULL NAME will be contacted directly by FAP POC (insert name) regarding the above recommendations. If you have any questions about this case, please contact FAP POC (insert name) at xxx-xxxx or by email at (enter email address).

(Signature block depends on who is given "By direction" authority from the Installation CO)

CO SIGNATURE BLOCK
By direction

Copy to: (insert if applicable)
Family Advocacy Representative

IN REPLY REFER TO:

1752
Ser N91/XXX
Month day year

Name
Address

Dear (insert spouse name e.g. Mrs. Jane Doe):

The Clinical Case Staff Meeting (CSSM) was held on date, to discuss treatment recommendations for you. After careful consideration of all available information, the following treatment recommendations were made at the CCSM:

a. (List treatment recommendation(s) and POC/contact information for each recommendation)

If you have any questions regarding the information above please contact Family Advocacy Program POC (insert name) at the Fleet and Family Support Center, (site location), at XXX-XXXX or email at (insert FAP POC's email address).

CO Signature Block
By direction

Copy to: (insert if applicable)
Family Advocacy Representative

FIRST ENDORSEMENT on (INSERT COMMAND) ltr 1752 Ser N91/xxx of ddmmmyy

From: Commanding Officer, Fill in Command Name
To: (Signatory Name), Fleet and Family Support Center (site location)

Subj: CLINICAL CASE STAFF MEETING (CCSM) RECOMMENDATIONS ICO SPONSOR'S RANK/RATE NAME, USN

1. Command concurs () does not concur () with SPONSOR'S RANK/RATE NAME participating in treatment recommendations during duty hours.

Service Member Signature & date

Command Rep & Date

Copy to:
Service member

(APPENDIX 8)

IN REPLY REFER TO:
1752
Ser N91/xxx
dd mm yy

FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE

From: Commanding Officer, command
To: Commanding Officer, command

Subj: CLINICAL CASE STAFF MEETING (CCSM) RECOMMENDATIONS ICO
(SPONSORS RANK/RATE AND FULL NAME, USN)

Encl: (1) Sample of endorsement

1. The CCSM was held on (date), to discuss treatment recommendations for (SPONSOR'S RANK/RATE NAME). After careful consideration of all available information, the following recommendations were made at the CCSM:

a. List treatment recommendation(s)

2. The CCSM made the decision to recommend assigning flag control for (insert number of months) pending completion of the treatment recommendations. (INCLUDE ONLY IF APPLICABLE TO CASE)

3. To ensure that (SPONSOR'S RANK/RATE NAME) is fully informed of the CCSM treatment recommendations, please review and discuss the CCSM treatment recommendations with SPONSOR'S RANK/RATE NAME.

4. Please submit a signed Command concurrence/non-concurrence with treatment recommendations to the Fleet and Family Support Center within ten (10) business days. Enclosure (1) provides a sample. Fax to XXX-XXXX or email FAP POC (insert name) at (insert POC's email address). If you have any questions regarding the information above please contact FAP POC (insert name) at XXX-XXXX.

CO Signature Block
By direction

Copy to: (insert if applicable)
FAR

1752
Ser N91/xxx
dd mm yy

Family Member Name
Address

Subj: NOTIFICATION OF FAMILY ADVOCACY PROGRAM INCIDENT DETERMINATION
COMMITTEE AND CLINICAL CASE STAFF MEETING

A report of alleged Type of abuse indicating you as the alleged victim/offender/sponsor was received by the Family Advocacy Program(FAP). The FAP is available to assist active duty service members and their families who are experiencing difficulties because of alleged child abuse/neglect or spouse abuse. There will be two professional meetings regarding the report/s. The first is an installation administrative process to determine if the allegation/s meet/s the DOD criteria for domestic violence. The second meeting is a FAP clinical treatment meeting to determine appropriate treatment measures to address familial discord. Both meetings generate a letter that you will receive. The IDC Determination Letter also includes directions for requesting a review of the determination.

On Full Civilian Date, the Incident Determination Committee (IDC) will meet to review this/these allegation(s) at time in site location. Members of the IDC include the Installation Chief Staff Officer; Installation Command Master Chief; Family Advocacy Representative; Judge Advocate General's Corps Officer; Navy Criminal Investigation Service; Base Security and the service member's Command Title of service member (Representative). All available information will be reviewed and the members will make a determination as to whether the allegation meets criteria for abuse/neglect.

On Full Civilian Date the case will be presented to the CCSM to consider and refer the clients to beneficial services. The CCSM is comprised of the Family Advocacy Supervisor, Victim Advocate, clinical case manager, and any other treating professionals. Even though the command representative does not attend the CCSM, she/he will receive a copy of the service member's treatment recommendations.

The FAP case manager is Mr. or Ms. Your full first and Last name, who may be reached at phone number, extension phone extension, if you have any questions.

CO SIGNATURE BLOCK

Copy to:
File

violence. The command representative will not be present, but will receive a copy of the Service Member's CCSM treatment recommendations.

The FAP case manager is Mr. or Ms. Your full first and Last name, who may be reached at phone number, extension phone extension, if you have any questions.

CO SIGNATURE BLOCK

Copy to:

Client Case Folder

(APPENDIX 7)

COMMAND LETTERHEAD

1752
Ser N91/xxx
dd Mmm yy

From: XXX

To: Rate(designators) First and Last Name , USN, USAF, USMC, USA
Via: Command Title Drop Box, NAME OF COMMAND

Subj: NOTIFICATION OF FAMILY ADVOCACY PROGRAM INCIDENT DETERMINATION
COMMITTEE AND CLINICAL CASE STAFF MEETING

A report of alleged Type of abuse indicating you as the alleged victim/offender/sponsor was received by the Family Advocacy Program (FAP). The FAP is available to assist active duty service members and their families who are experiencing difficulties because of alleged child abuse/neglect or spouse abuse.

There will be two professional meetings regarding the report/s. The first is an installation administrative process to determine if the allegation/s meet/s the DOD criteria for domestic violence. The second meeting is a FAP clinical treatment meeting to determine appropriate treatment measures to address familial discord. Both meetings generate a letter that you will receive. The IDC Determination Letter also includes directions for requesting a review of the determination.

On Full Military Date, the Incident Determination Committee (IDC) will meet to review this/these allegation(s) at time in site location. Members of the IDC include the Installation Chief Staff Officer; Installation Command Master Chief; Family Advocacy Representative; Judge Advocate General's Corps Officer; Navy Criminal Investigation Service; Base Security and your Command Title Drop Box (should be the same as via line) (Representative). All available information will be reviewed and the members will make a determination as to whether the allegation meets criteria for abuse/neglect.

On Full Military Date the Clinical Case Staff Meeting (CCSM) will meet to determine treatment recommendations. The CCSM is comprised of treatment professionals who have knowledge in addressing domestic

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(2) Willful concealment of information by one or more of the IDC members, which was favorable to the alleged offender/victim and you can demonstrate a substantial likelihood that knowledge of the information may have resulted in a different finding by the IDC.

c. Not guilty/guilty finding after a full trial on the merits. You must demonstrate that new or additional evidence was considered during the trial. The following limitations apply:

(1) The charge(s) decided upon during the trial on the merits must be directly related to the incident which formed the basis of decision at the installation IDC case disposition; and

(2) You demonstrate a substantial likelihood that the evidence in question, if considered by the installation IDC, may have produced a substantially more favorable result for alleged offender/victim, or the evidence directly impacted upon the finding of not guilty/guilty.

d. The decision of the IDC was based on plain legal or factual error. A review of the record establishes that the decision was based on plain error. An example of plain legal error is refusal to present the allegation for determination because the criminal statute of limitations have run out. An example of plain factual error is that alleged offender was in confinement on the date the alleged assault took place at the victim's home.

3. You may submit a written request for review via your Commanding Officer or your sponsor's Commanding Officer to either the installation IDC or the CNIC Millington Detachment (N913b), 5720 Integrity Drive, Millington, TN 38055. Your request must be made within 30 days from today. If your request is denied by the IDC, you have an additional 30 days from receipt of the IDC reconsideration to request review by CNIC Millington Detachment (N913b). However, requests for review will not be granted unless you are one of the individuals listed in paragraph 1 above, and your request is based upon one of the grounds set forth in paragraph 2.

(APPENDIX 6)

Procedures to Request a Review of the Determination

1. The following persons may request review of the Incident Determination Committee's (IDC) determination:

- a. Military Offender when the installation IDC has determined the incident met criteria.
- b. Civilian Offender when the installation IDC has determined the incident met criteria.
- c. Victim (military or civilian) when the installation IDC has determined the incident did not meet criteria. If the victim is a minor child, his or her non-offending parent or guardian may submit a request for review.
- d. Commanding Officer of the offender or victim, may request the installation IDC reconsider the decision.

2. If you are one of the individuals outlined above, you must submit a written request for review based on the presence of one or more of the following grounds.

- a. Newly discovered information. You must demonstrate that:

- (1) The information was discovered within 30 days of the date you were notified of the IDC's decision (date of incident determination letter).

- (2) The new information is not such that it would have been discovered by you at the time of IDC case disposition in the exercise of due diligence; and

- (3) The newly discovered information, if considered by the installation IDC, would probably produce a substantially more favorable result for you.

- b. Fraud on the installation IDC. You must demonstrate that the fraud substantially influenced the IDC. Examples of fraud on the installation IDC that may warrant granting of review are:

- (1) Confessed or proved perjury in statements of forgery of documentary evidence which substantially influenced the IDC.

4. If you have any questions regarding the information above please contact the Family Advocacy Program case manager, Name at phone number.

CO SIGNATURE BLOCK

Copy to:

Civilian family member/partner

(APPENDIX 5)

1752
Ser N91/xxx
dd mm yy

From: Commanding Officer, Name of the Installation

To: Commanding Officer, Command Name

Subj: RESULTS OF INCIDENT DETERMINATION COMMITTEE (IDC), ICO
RANK/RATE SPONSOR FULL NAME, BRANCH IDENTIFIER

Ref: (a) NAVADMIN 155/12

Encl: (1) Procedure to Request an IDC Review

1. Per reference (a), the IDC met on date of IDC, to consider the allegations of type of abuse involving Sponsors full name and rank and his/her spouse/partner/child. After careful consideration of all available information, the IDC determined that this (these) case:
 - (a) met/ did not meet criteria for type of abuse of full name and title by offender's full name and title.
 - (b) met/ did not meet criteria for type of abuse of full name and title by offender's full name and title.
 - (c) met/ did not meet criteria for type of abuse of full name and title by offender's full name and title.
 - (d) met/ did not meet criteria for type of abuse of full name and title by offender's full name and title.
2. The offender, victim, non-offending parent or guardian and command have the right to request a review of the incident determination. A written request for review must be submitted 30 days from receipt of this letter per enclosure (1). Service member will notify their command of a request for review.
3. To ensure that sponsor is fully informed of the IDC decision:
 - (a) Review and discuss the results with sponsor.
 - (b) Please provide the sponsor with Procedures to Request a Review of the Determination.

CASE NUMBER	Meet Criteria (ACT) Place # of votes in box		Meets Criteria (IMPACT) (where applicable)		EXCLUSION PRESENT (where applicable)		Determination	
	Yes	No	Yes	No	Yes	No		
							Met	Did Not Meet
							Met	Did Not Meet
							Met	Did Not Meet
							Met	Did Not Meet
							Met	Did Not Meet
							Met	Did Not Meet
							Met	Did Not Meet
							Met	Did Not Meet
							Met	Did Not Meet
							Met	Did Not Meet
							Met	Did Not Meet
							Met	Did Not Meet
							Met	Did Not Meet

(Appendix 4)

Family Advocacy Program Incident Determination Committee Meeting Minutes

Name of Installation

Date

Ref: (a) OPNAVINST 1752.2B

1. The Spouse and Child Abuse Incident Determination Committee met on **xx Month 20xx** in **building, room, installation with name and rank of XO** presiding. Attendance by members was as follows:

<u>Name</u>	<u>Position</u>	<u>xx Month</u> <u>20xx</u>
Full name & rank	XO	P (present)
	Installation, CMC	A (absent)
	FAR	
	SJA	
	NCIS	
	Security Rep	

Command Representatives:

Command/Full name & rank

2. Case Presentations: # cases were presented
- a. For case status determination: #

b. Taking into the alleged abuser's mouth or anus the sexual organ of partner, however slight the penetration.

Sexual Contact: Intentional touching of the genitals, groin, breast, inner thigh or buttocks, directly or through clothing, with the intent to abuse, humiliate, harass, or degrade any person, or arouse or gratify the sexual desire of any person.

Threatening

Verbal or nonverbal acts perceived by victim or witness as signifying that victim's physical integrity was at risk at the time or would be in the future.

2/3 of the voting members: If the lack of supervision/exposure to physical hazards incident met criteria, the Chair should ask for a second vote of all voting members in attendance on the following two choices: barely meets criteria, or more than barely meets criteria.

Number of committee members present to be met	Number needed for criterion
5	4
6	4
7	5
8	5
9	6
10	7

Unwarranted restrictions: Warranted restrictions involve obstructing a partner from behaviors that may injure self or others (e.g., taking a drunken partner's car keys) or obstructing a recklessly-spending partner from incurring debts despite an obviously grave economic situation (e.g., impending bankruptcy). Restrictions not meeting these rare circumstances would be considered *unwarranted*.

Without direct physical contact between child and alleged abuser: Non-contact exploitation involves no physical contact between alleged abuser and child. Thus, some forms involve sexual gratification from activities in which no one touches the child sexually, whereas other forms involve the alleged abuser forcing, tricking, enticing, threatening or pressuring the child to engage in direct sexual contact with someone *other than the* alleged abuser.

anger, difficulty concentrating, hypervigilance (i.e., acting overly sensitive to sounds and sights in the environment; scanning the environment expecting danger; feeling keyed up and on edge), or exaggerated startle response

More than inconsequential physical injury

An injury involving any of the following: any injury to the face or head; any injury to a child under 2 years of age (for child definitions only); a more-than-superficial bruise(s). The bruise was a color other than very light red or had a total area exceeding that of the victim's hand or was tender to a light touch; a more-than-superficial cut(s). The cut or scratch was bleeding and required pressure to stop the bleeding; bleeding internally or from mouth or ears; a welt (a bump or ridge raised on the skin); loss of consciousness; a burn; loss of functioning, including, but not limited to, sprains, broken bones, detached retina, loose or chipped tooth; damage to an internal organ; disfigurement including, but not limited to, scarring; swelling lasting at least 24 hours; pain felt in the course of normal activities and at least 24 hours after the physical injury was suffered; or death

NOTE: If the child is unable to report orally or in writing about pain or is inaccessible to clinical authorities for assessment of pain, the criterion of harm is met if the nature of the injury would typically resulting pain as defined above.

Physically Aggressive Act

Includes, but is not limited to one of the following: hitting with open hand or slapping, including spanking, dropping, pushing or shoving; grabbing or yanking limbs or body, poking; hair-pulling; scratching; pinching; restraining; or squeezing shaking; throwing; biting; kicking; hitting with fist; hitting with a stick, strap, belt, electric cord or other object; scalding or burning; poisoning; stabbing; applying force to throat; strangling or cutting off air supply; holding under water; brandishing or using a weapon.

Prurient (not provided by DoD)

Characterized by lust; having, inclined to have, or characterized by lascivious or lustful thoughts, desires, etc; causing lasciviousness or lust.

Psychiatric Disorders: Mental disorders as defined by the latest edition of the Diagnostic and Statistical Manual of Mental Disorders.

Sexual act:

Contact between the penis and the vulva involving penetration, however slight; OR penetration of the genital opening by a hand, finger, or other object with intent to abuse, humiliate, harass, or degrade any person or to arouse or gratify the sexual desire of any person OR sodomy; or
a. Placing the alleged abuser's sexual organ in the mouth or anus of the partner; or

[Note that the definitions that are expanded clarification items are noted in bold. The other definitions are to assist you but do not appear in the automated decision tree as expanded definitions.]

Child prostitution: An act of engaging or offering the services of a child to a person to perform sexual acts for money with that person or any other person.

Child pornography: Media (e.g., visual, audio, written) containing the prurient depiction of a child engaged in explicit sexual conduct, real or simulated, or the lewd exhibition of the genitals intended for the sexual gratification of a user.

Deprivation: The withholding of, or withholding access to, adequate food, shelter, hygiene, or necessary medical/psychiatric services; or gross negligence regarding the safety needs of the incapable partner or child.

Egregious: Egregious acts or omissions show striking disregard for child's well-being. As such, they are not merely examples of inadvisable or deficient parenting, but must clearly fall below the lower bounds of normal parenting.

Emotionally Aggressive Act: A non-accidental act(s), excluding physical or sexual abuse, or threat adversely affecting the psychological wellbeing of the person.

Failure to Thrive (FTT): A type of child neglect evidenced by an infant's or young child's failure to adequately grow and develop to or above the third percentile in height and weight when no organic basis for this deviation is found.

Gratify the sexual desire: Providing sexual arousal or pleasure or appealing to prurient interest. Does not require overt evidence of arousal (e.g., erection, vaginal lubrication, ejaculation, orgasm).

More than inconsequential fear reaction

(a) Fear (verbalized or displayed) of bodily injury to self or others and

(b) At least one of the following signs of fear or anxiety lasting at least 48 hours:

1. Persistent intrusive recollections of the incident

(Note: for children this includes recollections as evidenced in the child's play)

2. Marked negative reactions to cues related to incident, including the presence of the alleged abuser as evidenced by (a) avoidance of cues; (b) subjective or overt distress to cues; or (c) physiological hyper arousal to cues.

3. Acting or feeling as if incident is recurring

4. Marked symptoms of anxiety, including any of the following:

Difficulty falling or staying asleep, irritability or outbursts of

psychiatric disorders, at or near diagnostic thresholds) related to, or exacerbated by, the act(s) or omission(s).

B4a. Reasonable potential for psychological harm including either when the act, or pattern of acts, creates reasonable potential for the development of a psychiatric disorder, at or near diagnostic threshold, related to or exacerbated by the act(s) when taken into consideration the child's level of functioning and any risk and resilience factors present, or

B4b. The act, or pattern of acts, carries a reasonable potential for significant disruption of the child's physical, psychological, cognitive, or social development by substantially worsening the child's developmental level and trajectory that was evident before the alleged child neglect, or

B5. Stress-related somatic symptoms related to or exacerbated by the act or pattern of acts that significantly interfere with normal functioning, including aches and pains, migraines, gastrointestinal problems, or other stress-related physical ailments.

First Time Exclusion

ONLY APPLIES TO 2 TYPES OF NEGLECT: (A1) Lack of Supervision and (A2) Exposure to Physical Hazards *and only if the impact on the child meets criteria for POTENTIAL harm (B2, B4a, B4b) NOT actual harm and ALL three of the following criteria are met:*

Criterion 1. The IDC judges the parent/guardian had no other significant risk factors for neglect (e.g., low self-esteem, high impulsivity, lack of social support, high daily stress, substance abuse diagnosis), and

Criterion 2. To the best of the IDC's knowledge, this is the first incident of problematic parenting, as evidenced by both of the following:

- a. The parent/guardian has not come to the attention of any community helper (including, but not limited to, teachers, military police/security forces, medical professionals, civilian authorities) for potential child abuse or extreme parenting practices; and
- b. The parent/guardian has not been reported to the FAP or a civilian CPS agency previously for allegations of child abuse or child neglect.

Criterion 3. Two-thirds of the voting members judge the neglect to have barely met criteria.

Example when first time exclusion may apply: leaving a 4-month-old locked in the car alone in weather that could not pose harm to the child for a short period while the parent buys diapers at the 7-Day Store/Shopette.

DEFINITIONS FOR FURTHER CLARIFICATION OF CRITERIA

B4b and B5 are the only likely impact criteria associated with educational neglect.

A4. Neglect of health care: Refusal or failure to provide appropriate, health care including, but not limited to, failure to obtain appropriate medical, mental health, or dental services, procedures, or medications, although the parent/guardian was financially able to do so or was offered other means to do so. It includes withholding of medically indicated treatment for a child with life-threatening conditions.

A5. Deprivation of necessities: The failure to provide age-appropriate nourishment, shelter, or clothing to the child. It includes non-organic failure to thrive as determined by a competent medical authority.

A6. Abandonment: The absence of the caregiver with no intent to return or the absence of the caregiver from the home for more than 24 hours without having arranged for an appropriate surrogate caregiver. NO IMPACT ("B") CRITERION IS NECESSARY FOR ABANDONMENT TO BE DEEMED NEGLECT.

Further Guidance

Unattended Older Child in Vehicle: A caregiver's leaving a child age ten or older unattended in a vehicle for a brief period in a safe area does not meet Part A (ACT) for Lack of Supervision

Unforeseen Lack of Supervision or Exposure to Physical Hazards: when lack or supervision or exposure to physical hazards occurs but a person who is not the caregiver is directly responsible for such lack or supervision or exposure to physical hazards, Part A (ACT) criterion is not met if the IDC concludes that a reasonable competent caregiver would not have foreseen such lack or supervision or exposure to physical hazards by such other person.

B. IMPACT

Significant impact on the child involving any of the following:

B1. More than inconsequential physical injury, including heat exhaustion or heat stroke;

B2. Reasonable potential for more than inconsequential physical injury, including heat exhaustion or heat stroke, given the act or omission and the child's physical environment.

B3. Psychological harm, including either:

B3a. Child's more than inconsequential fear reaction, or

B4. Significant psychological distress (Major Depressive Disorder, Post-Traumatic Stress Disorder, Acute Stress Disorder, or other

humiliate, harass, or degrade any person, or to arouse or gratify the sexual desire of any person.

b. The fondling or stroking of a female's breast, directly or through clothing, with the intent to abuse, humiliate, harass, or degrade any person, or to arouse or gratify the sexual desire of any person.

c. The attempted penile penetration of the vagina, anus, or mouth.

d. The attempted penetration of the vagina, with a hand or finger or any object with the intent to abuse, humiliate, harass, or degrade the child, or to arouse or gratify the sexual desire of the alleged abuser, the child, or any other person.

B. IMPACT

Any act of child sexual abuse that meets the criteria of Part A shall be considered to have a significant impact on the child. There are no criteria for Part B.

Exclusions

There are NO exclusions from any act of child sexual abuse.

Child Neglect

A. ACT

The negligent treatment of a child through acts or omissions below the lower bounds of normal caregiving, which shows a striking disregard for the child's well-being under circumstances indicating the child's welfare has been harmed or threatened by the deprivations of age-appropriate care. *Defiance of base guidance may be cause for referral to FAP for services, but is not necessarily neglectful unless the alleged act or omission meets criteria for Part A and Part B.*

Includes one or more of the following:

A1. *Lack of supervision:* Absence or inattention taking into account child's age and level of functioning.

A2. *Exposure to physical hazards:* Inattention to the child's safety by exposing the child to physical dangers or home hazards, including, but not limited to, exposed electrical wiring; broken glass; non-secured, loaded firearms in the home; illegal drugs in home; dangerous or unhygienic pets; asking the child to perform dangerous activities; driving a vehicle while intoxicated with child in vehicle; non-secured hazardous chemicals; unhygienic living conditions dangerous to health; caregivers known to be abusive or neglectful; an act of domestic violence close enough to the child to have created a risk of injury to the child.

A3. *Educational neglect:* When education is compulsory by law, any of the following:

Knowingly allowing the child to have extended or frequent absences from school; neglecting to enroll the child in some type of home schooling or public or private education; preventing the child from attending school for other than justifiable reasons. *NOTE: Criterion*

problems, or other stress-related physical ailments.

Exclusions

There are NO exclusions for child emotional abuse.

Generally accepted caregiving practices such as confining a small child in a child car seat or safety harness, or swaddling an infant, and any generally accepted disciplinary practice proportionate to the seriousness of the child's behavior such as restricting of a child's normal privileges ("grounding" a child) or restricting a child to his or her room for a period of time should not constitute reasonable suspicion of abuse.

Child Sexual Abuse

A. ACT

Sexual activity by a caregiver with a child to gratify the sexual desire of any person including the child.

A1. Sexual Exploitation Without Direct Contact – Forcing, tricking, enticing, threatening or pressuring a child to participate in acts to gratify the sexual desire of anyone without direct physical contact between child and the alleged abuser.

Acts include, but are not limited to, exposing child's or alleged abuser's genitals, anus, or (female) breasts; having child masturbate or watch masturbation; having child participate in sexual activity with a third person (including child prostitution); having child pose, undress or perform in a sexual fashion (including child pornography); exposing child to pornography or live sexual performance; "peeping" or other prurient watching (i.e., voyeurism) without the child's knowledge.

A2. The caregiver's use of force, emotional manipulation, trickery, threatening, or taking advantage of the child's youth or naïveté to engage in penetration of the vagina, however slight by
a. The penis; or
b. A hand or finger or any object with the intent to abuse, humiliate, harass, or degrade the child or to arouse or gratify the sexual desire of any person

A3. The caregiver's engaging in any of the following:
a. Placing the alleged abuser's sexual organ in the mouth or anus of a child, however slight the penetration; or
b. Taking into the alleged abuser's mouth or anus the sexual organ of a child, however slight the penetration.

A4. Physical contact of a sexual nature not involving rape, sexual assault or sodomy between the child and the caregiver, including, but not limited to any of the following:
a. The fondling or stroking of the genitals groin, inner thigh or buttocks, directly or through clothing, with the intent to abuse,

behavior that may have subjected the child or another person to the risk of imminent harm.

Child Emotional Abuse

A. ACT

A non-accidental act or acts, including the following and any other act not listed of similar severity, but excluding an act that meets the criteria of child physical abuse or child sexual abuse: berating, disparaging, degrading, scapegoating, or humiliating child (or other similar behavior); threatening child (including, but not limited to, indicating/implying future physical harm, abandonment, sexual assault); harming/abandoning – or indicating that alleged abuser will harm/abandon – people/things that child cares about, such as pets, property, loved ones; confining child (a means of punishment involving restriction of movement, such as tying a child's arms or legs together or binding a child to a chair, bed, or other object, or confining a child to an enclosed area [such as a closet]); coercing the child to inflict pain on him/her (including, but not limited to, ordering child to kneel on split peas/rice for long periods or ordering child to ingest highly spiced food); disciplining child (through physical or non-physical means) excessively (i.e., extremely high frequency or duration, though not meeting physical abuse criteria).

B. IMPACT

Significant impact on the child involving ANY of the following:

B1a. Psychological harm, including either more than inconsequential fear reaction, or

B1b. Significant psychological distress (Major Depressive Disorder, Post-Traumatic Stress Disorder, Acute Stress Disorder, or other psychiatric disorders, at or near diagnostic thresholds) related to the act(s), or

B2a. Reasonable potential for psychological harm including either when the act, or pattern of acts, creates reasonable potential for the development of a psychiatric disorder, at or near diagnostic thresholds, related to or exacerbated by the act(s) when taken into consideration the child's level of functioning and any risk and resilience factors present, or

B2b. The act, or pattern of acts, carries a reasonable potential for significant disruption of the child's physical, psychological, cognitive, or social development by substantially worsening the child's developmental level and trajectory that was evident before the alleged emotional abuse, or

B3. Stress-related somatic symptoms related to or exacerbated by the act or pattern of acts that significantly interfere with normal functioning, including aches and pains, migraines, gastrointestinal

Child Physical Abuse

A. ACT

The non-accidental use of physical force on the part of a child's caregiver. Physical force includes, but is not limited to, at least one of the following: hitting with open hand or slapping, including spanking; dropping; pushing or shoving; grabbing or yanking limbs or body; poking; hair-pulling; scratching; pinching; restraining or squeezing; shaking; throwing; biting; kicking; hitting with fist; hitting with a stick, strap, electrical cord or other object; scalding or burning; poisoning; stabbing; applying force to throat; strangling or cutting off air supply; holding under water; brandishing or using a weapon.

B. IMPACT

Significant impact on the child involving any of the following:

B1. More than inconsequential physical injury;

B2. Reasonable potential for more than inconsequential physical injury, given the inherent dangerousness of the act, the degree of force used, and the physical environment in which the acts occurred.

B3. More than inconsequential fear reaction.

Exclusions

1. An act committed to protect the caregiver from imminent physical harm. *The act must include all three of the following:*

1a. The act occurred while child/adolescent was in the act of using physical force. "In the act" begins with the initiation of motoric behavior that typically would result in an act of physical force, such as charging at the caregiver to hit him or her, and ends when the use of force is no longer imminent.

1b. The sole function of the act was to stop the child/adolescent's use of physical force, and did not include punishment for the child/adolescent's use of physical force.

1c. The act used only that force that was minimally sufficient to stop the child/adolescent's use of physical force.

2. An act committed during developmentally appropriate physical play with the child, including, but not limited to, horseplay, wrestling, tackle football.

3. An act committed to protect child or another person from imminent physical harm including, but not limited to, grabbing the child to prevent the child from being hit by a car, taking a weapon from a suicidal child, or physically intervening to prevent the child from inflicting injury on another person. *However this does not include non-accidental use of physical force as punishment for the child's*

spouse or intimate partner. There are no criteria for Part B.

Exclusion.

There are NO exclusions from any act of spouse or intimate partner sexual abuse.

Neglect of Spouse

A. ACT

A type of domestic abuse in which the alleged abuser withholds necessary care or assistance for his or her current spouse who is incapable of self-care physically, psychologically, or culturally, although the caregiver is financially able to do so or has been offered other means to do so.

All of the following must be present for the criteria to be met:

A1. The alleged abuser withholds, or withholds spouse's access to: appropriate medically indicated health care, including but not limited to, appropriate medical, mental health, or dental care, or appropriate nourishment, shelter, clothing, or hygiene, or care giving for more than 24 hours without having arranged for an appropriate surrogate caregiver, and

A2 The alleged abuser is able to provide care, or access to care, or has been offered assistance to do so, and

A3 The spouse is incapable of self-care due to substantial limitations in one or more of the following areas:
physical, including, but not limited to, quadriplegia; psychological or intellectual, including, but not limited to, vegetative depression, very low intelligence, or psychosis; cultural, including but not limited to, the inability to communicate in English or the inability to manage activities or rudimentary daily living in American culture.

B IMPACT

Deprivation-related significant impact involves either of the following:

B1 More than inconsequential physical injury, including heat exhaustion or heat stroke, or

B2. Reasonable potential for more than inconsequential physical injury, given the reason(s) the spouse is incapable of self-care, the care required for the spouse's condition(s), and the more-than-inconsequential injury that the spouse could suffer if appropriate access to care is withheld.

Exclusions

There are NO exclusions from any act of spouse neglect.

B. IMPACT

Significant impact on the partner involving psychological harm, including any of the following:

B1a. More than inconsequential fear reaction, or

B1b. Significant psychological distress (Major Depressive Disorder, Post-Traumatic Stress Disorder, Acute Stress Disorder, or other psychiatric disorders, at or near diagnostic thresholds) related to, or exacerbated by, the act(s), or

B1c. Fear of an emotionally abusive act(s) that significantly interfere(s) with the spouse or intimate partner's ability to carry out any of five major life activities: employment; education; religious faith; obtaining necessary medical or mental health services or following prescribed treatment, or contact with family or friends.

B2. Stress-related somatic symptoms related to or exacerbated by the act or pattern of acts that significantly interfere with normal functioning, including aches and pains, migraines, gastrointestinal problems, or other stress-related physical ailments.

Exclusions

There are NO exclusions from any act of spouse or intimate partner emotional abuse.

Spouse or Intimate Partner Sexual Abuse

A. ACT

A sexual act or sexual contact with the spouse or intimate partner, without the consent of the spouse or intimate partner, or against the expressed wishes of the spouse or intimate partner. Corroboration of the report of the spouse or intimate partner is NOT required. A sexual act is:

A1. The use of physical force to compel the partner to engage in a sexual act or sexual contact against his or her will.

A2. The use of a physically aggressive act or use of one's body, size, or strength, or an emotionally aggressive act to coerce the partner to engage in a sexual act or sexual contact.

A3. A sexual act or sexual contact involving a partner who is unable to provide consent. The victim is unable to understand the nature or conditions of the act, to decline participation, or to communicate unwillingness to engage in the sexual act because of illness, disability, being asleep, being under the influence of alcohol or other drugs, or other reasons.

B. IMPACT

Any act that meets the criteria for Part A spouse or intimate partner sexual abuse shall be considered to have a significant impact on the

2. An act committed to protect the alleged abuser from imminent physical harm from the spouse or intimate partner who threatened the alleged abuser and has a history of abuse that resulted in more than inconsequential physical injury.

That act MUST include both of the following:

2A. The act followed the spouse or intimate partner's verbal or nonverbal threat to imminently inflict more than inconsequential physical injury on the alleged abuser.

2B. The IDC determines that there was at least one previous incident of the spouse or intimate partner inflicting more than inconsequential physical injury on the alleged abuser.

3. An act committed to protect the spouse or intimate partner or another person from imminent physical harm including, but not limited to, grabbing or pushing the spouse or intimate partner to prevent him or her from being hit by a vehicle, taking a weapon away from a suicidal spouse or intimate partner, stopping the spouse or intimate partner from inflicting physical abuse on a child. *However, this does not include subsequent, non-accidental acts of physical force against a spouse or intimate partner that was not protective.*

4. Act(s) committed during physical play with the spouse or intimate partner including, but not limited to, horseplay, wrestling, tackle football.

Spouse or Intimate Partner Emotional Abuse

A. ACT

A non-accidental act or acts, excluding physical or sexual abuse, or threat adversely affecting the psychological well-being of a current or former spouse or current or former intimate partner. Includes but is not limited to one or more of the following: Berating, disparaging, degrading, humiliating victim (or other similar behavior) Interrogating victim; restricting victim's ability to come and go freely (when unwarranted); obstructing victim's access to assistance (including, but not limited to, law enforcement, legal, protective, or medical resources, including FAP, a victim advocate, military command, or DV shelter); threatening victim (including, but not limited to, indicating/implying future physical harm, sexual assault); harming, or indicating that alleged abuser will harm, people/things that victim cares about, such as children, self, other people, pets, property; restricting victim's access to or use of economic resources (when unwarranted); restricting victim's access to or use of military services (including, but not limited to, taking away dependent's ID); isolating victim from family, friends, or social support resources; stalking the victim; trying to make victim think that s/he is mentally ill (or make others think that partner is mentally ill), or interfering with the victim's adaptation to American culture or the military subculture.

(APPENDIX 3)

CRITERIA FOR DOMESTIC ABUSE AND CHILD ABUSE INCIDENT DETERMINATION

Spouse or Intimate Partner Physical Abuse

A. ACT

The non-accidental use of physical force against a current or former spouse or current or former intimate partner of the opposite/same sex. Physical force includes, but is not limited to at least one of the following: hitting with open hand or slapping, pushing or shoving; grabbing or yanking limbs or body; poking; hair-pulling; scratching; pinching; restraining; shaking; throwing; biting; kicking; hitting with fist; hitting with a stick, strap, belt, or other object; scalding or burning; poisoning; stabbing; applying force to throat; strangling or cutting off air supply; holding under water; using a weapon.

B. IMPACT

Significant impact on the partner involving any of the following:

B1. Any physical injury including, but not limited to, pain that lasts at least four hours, bruises, cuts, sprains, broken bones, loss of consciousness, or death; or

B2. Reasonable potential for more than inconsequential physical injury given the inherent dangerousness of the act, the degree of force used and the physical environment in which the act(s) occurred; or

B3. More than inconsequential fear reaction.

Exclusions

1. An act committed to protect the alleged abuser from imminent physical harm from the spouse or intimate partner who was in the act of using physical force.

The act MUST include all 3 of the following:

1A. The act occurred while the spouse or intimate partner was in the act of using physical force. "In the act" begins with the initiation of motoric behavior that typically would result in an act of physical force such as charging at the alleged abuser to hit him or her, and ends when the use of force is no longer imminent.

1B. The sole function of act was to stop the spouse or intimate partner's use of physical force.

1C. The act used only that force that was minimally sufficient to stop the spouse or intimate partner's use of physical force.

(APPENDIX 2)

INSTRUCTIONS FOR TAKING THE IDC WEB-BASED TRAINING

Thank you for your participation on the IDC. You may take the training from your personal or work computer by accessing the following website www.navycap.org. The training should take one to one and one half hours to complete. You may save your place and return multiple times to complete the training. Once you have completed the training please take the quiz and e-mail the certificate to your FAP office POC. This training must be completed before you attend the launch of the new IDC. If you are a voting member you must complete this training before you can vote at the meeting.

To register for the online training, please follow these steps:

1. After accessing www.navycap.org, click on Register in the box to the top left of the homepage.
2. Enter all pertinent information, making sure to select your installation (have the site enter installation to be selected: WPNSUPPFAC Yorktown). After selecting continue, verify your information and select register.
3. Once you have registered, you will need to wait for a confirmation email that will grant you access to the online training. Once approved, access the training by selecting Online Trainings in the box on the top left of the homepage. The FAP training will then appear. There are some corrections not completed to the online training. They are listed below in order to reduce confusion.
 - Where you see the word "definitions" replace it with the word "criteria". The label of abuse or neglect occurs once the IDC votes on criteria that all must be met as opposed to a single definition.
 - One slide refers to the IDC as "an administrative hearing" but it is NOT a hearing; rather it is an administrative process to place information into a data base.
 - Skip pages 16, 24 and 27 in the practice scenarios module - this will have no effect on your quiz results.
 - Go to the section for just your role as an IDC member. You do not have to read the roles of the other members.When you are working with the scenarios don't forget to scroll down within the scenario window to read the entire incident information.

It may be difficult to answer many of these until after you are trained on the criteria. While the criteria are listed within the scenario questions they are not fully explained. Do your best in reading the questions carefully and answering the best you can. This introduction will assist you when as you receive additional training on the criteria. You may also go back at any time and work on the scenarios. Thank you for your participation. Please, contact (insert phone number here of the person who will be assisting your base with this training) Family Advocacy with any questions or comments.

(Appendix 1)

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From: Installation Commander
To: IDC Member

Subj: INCIDENT DETERMINATION COMMITTEE

Ref: (a) NAVADMIN 155/12

1. Reference (a) provides guidelines and composition for the Family Advocacy Program Incident Determination Committee team which includes the IDC chairperson, Senior enlisted noncommissioned officer of the installation, Staff Judge Advocate, Naval Criminal Investigation Service, Security, and Family Advocacy Representative.
2. The IDC is the process of deciding which referrals for suspected child abuse or domestic abuse meet the DoD criteria that define such abuse, requiring entry into the Service FAP Central Registry.
3. Per reference (a.), you are appointed as the IDC _____. As such, you are a permanent voting member of the (INSTALLATION NAME) IDC. All permanent members will vote on each case. Reference (a.) requires full multidisciplinary attendance in order to convene; therefore, it is important that the primary or alternate designee attend each meeting.
4. The IDC convenes on an as needed basis, usually every month. Thank you for working with us to provide the best possible assistance and outcome to all involved in these cases.

CO Signature Block

intimate partner will be determined by the individual receiving the results.

5. Case Transfers:

a. In cases where there has been an ISD under the Case Review Committee model and the gaining command is operating under the IDC model, the losing site will ensure that all information pertaining to the CRC determination is documented and committed into the FAP/FINS. The gaining command will need to commence the initial CCSM within 7 working days of receipt of the case transfer to continue safety and treatment planning. Case documentation will continue in the FAP/FINS system.

b. In cases where there has been an ISD under the Incident Determination Committee model and the gaining site is operating under the Case Review Committee model, the losing site will ensure that a CCSM is held and all the information pertaining to the IDC and CCSM will be documented and committed prior to case transfer. The gaining site will ensure the case is heard at the next scheduled CRC meeting. The FAR, Clinical Supervisor and/or the clinician assigned to the case will be granted access to the FAP FFSMIS for continued documentation until case closure.

c. Under exceptional circumstances, in cases where an incident has occurred and the SM transfers to another installation prior to conducting an interview or clinical assessment of the service member and family member, the case will transfer to the gaining command for the ISD. This circumstance is rare and all efforts possible should be made to ensure that an ISD is made prior to a case transfer.

d. If prior to opening a case and an IDC site has knowledge that a case will transfer to another site that operates under the FAP/FINS then the IDC site should open the case in the FAP/FINS system prior to transfer.

6. Closing FAP Cases:

a. After the CCSM has determined and made recommendation for case closure, the assigned primary provider will ensure that all the forms in the client(s) record(s) and case folder are complete and committed.

family member/intimate partner will be uploaded into FAP FFSMIS and placed in the case record.

b. The FAP will provide the IDC Determination Letter to the family member and/or intimate partner within 7 working days of the IDC date. The method of delivery will be determined by the individual receiving the results. The command representative will be provided the IDC Determination letter at the IDC meeting and will provide a copy to the service member. The IDC Determination Letter will be uploaded into FAP FFSMIS and placed in the case folder and the individual case record.

c. The Command Representative will be provided the CCSM Treatment Recommendation letter on the installation CO's letterhead with treatment recommendations determined at the CCSM. The CCSM Treatment Recommendation Letter (**Appendix 8**) will be provided to the Command Representative within 7 working days of the CCSM. The designee with by-direction authority will sign the CSSM Treatment Recommendation Letter. The Treatment Recommendation Letter shall contain treatment recommendations related only to the person specific to the case.

(1) Combining treatment recommendations of the alleged offender and the victim into 1 single letter is prohibited.

(2) The CCSM Treatment Recommendation Letter will be provided to the family member or intimate partner within 7 working days of the CCSM. The method of the delivery will be determined by the individual receiving the results.

(3) The Command Representative will be provided a Case Closure letter with treatment suggestions, if any, in cases that "did not meet criteria" (**Appendix 9**). No further involvement or follow-up communication regarding treatment status will be provided once the FAP case is closed.

d. The Case Closure letter (**Appendix 10**) will be provided to the Command Representative within 7 working days following the CCSM. The CCSM closure letter will be provided to the family member and/or intimate partner within 7 working days of the CCSM. The method of the delivery to the family member or

(b) Cases that "Meet Criteria" at the IDC including Transfer-In cases shall be reviewed, at minimum, quarterly until case closure. Incidents of child sexual abuse that "Meet Criteria" at the IDC shall be reviewed at the CCSM, at minimum, every 30 days.

(6) The Initial CCSM Review form must be completed in all FAP Case Folders, regardless of Incident Status Determination (ISD). CCSM discussions will include the following:

- (a) Safety Plan and Protective Measures,
- (b) Risk Assessment Information,
- (c) Safety Actions,
- (d) Collateral Information to include Victim Impact Statement (VIS), Victim Safety Plan (VSP), and any new incidents of abuse since the last CCSM,
- (e) Recommendations and case disposition.
- (f) With the exception of child sexual abuse incidents, the CCSM shall make a recommendation to assign a control treatment flag. The flag lifting date shall be entered on the 2486, pulled monthly and flagged by CNIC/NPC Millington. In cases of child sexual abuse, notification to CNIC Millington shall be made within 24 hours of initial report for allegations occurring in DoD-sanctioned out-of-home settings and within 5 days of other child sexual abuse reports.

4. Correspondence:

a. The IDC Notification Letter (**Appendix 7**), which also includes the CCSM notification will be written on the installation CO's letter head and provided to the Service Member via Commanding Officer and the Family Member and/or Intimate Partner not less than 7 working days prior to the Incident Determination Committee meeting. The method of delivery for the family member and/or intimate partner will be determined by the individual receiving notification. The designee with by direction authority will sign the IDC Notification Letter. The IDC/CCSM Notification Letter to the Service Member and /or

d. Clinical Case Staff Meeting (CCSM).

(1) The purpose of the CCSM is to plan for the clinical intervention and appropriate treatment for victims of child abuse or domestic abuse and alleged offenders, who are eligible for treatment in a military medical treatment program facility. It also provides ongoing coordinated case management, including risk assessment and ongoing monitoring of child abuse and domestic abuse victims' safety.

(2) The CCSM shall convene no more than 7 working days following the IDC meeting.

(3) CCSM recommendations shall be provided via letter to the service member's command and family member/intimate partner within 7 working days following the CCSM.

(4) The CCSM shall be chaired by the FAR or a Tier III clinically privileged designee/alternate. Attendees will be limited to individuals with clinical/professional expertise in domestic and child abuse.

(a) A minimum of two privileged clinicians must be present to form a quorum. The FAR shall consider inviting other military or civilian, medical, mental health, clinical social service providers, child protective services (child abuse incidents only) who may add value to the clinical case discussion.

(b) In domestic abuse incidents, the Domestic Abuse Victim Advocate (DAVA) may be present for safety planning and supportive services to the victim only.

(5) The CCSM agenda will include a review of recently determined cases from the IDC, scheduled follow-up review of open FAP cases, Transfer-in cases and case closures.

(a) If an incident "Did Not Meet Criteria" at the IDC, it will be staffed at the CCSM and a 2nd decision will be made on whether the case will be referred for voluntary clinical services, or closed. If the case is referred for services, the FAP case will close with results documented in the FAP record. Any further services will be documented in a clinical counseling case.

IDC. The alleged offender and victim statements that are relevant to the criteria will be included in the clinical interview and presented at the IDC by the FAR.

(10) When voting, each member shall cast their votes utilizing the Criteria contained in the Decision Tree Algorithm (DTA) (**Appendix 3**). The Chair casts his/her vote last to prevent persuading other members' votes. Decisions are made by majority vote. The first time exclusion for child neglect requires 2/3 vote.

(11) The Minutes of the IDC decisions shall be recorded using the IDC Minutes template (**Appendix 4**), which reflects votes on "Act", "Impact" and "Exclusions" for each criterion, and identifies the names of the core members present at the meeting. The last numeric count of the core members' vote that determines a decision on "vote carries" or "vote fails" for a specific Act, Impact and/or Exclusions, will be recorded on the IDC Minutes template. For the criteria that does not require a vote on Impact and/or Exclusions no further documentation is needed.

(12) The IDC Determination Letter (**Appendix 5**), signed by the Installation XO or their alternate, will be provided to the Command Representative immediately following the Incident Determination Committee meeting.

(13) A request for reconsideration of the IDC status determination shall be based on the criteria as outlined in the Procedures to Request a Review of the Determination (**Appendix 6**).

(a) The Command Representative is responsible for informing the service member of the requirement to request an ISD Review.

(b) The FAP clinician is responsible for informing the family member of the requirement to request an ISD Review, requirements, and time limit.

(c) Incidences that meet criteria for an appeal will follow the procedures as noted in **Procedures to Request Review of the Determination**.

IDC. The IDC Chairperson may invite a non-voting consultant to attend for the purpose of presenting case specific relevant information.

(7) All IDC members and their alternates must complete the Commander, Naval Installation Command (CNIC) Web based training (Appendix 2) prior to participating in an ISD. Certificates of completion must be provided to the FAR prior to participating in the voting process. The installation FAR will maintain training certificates for IDC members.

(a) All IDC Members and their alternates are required to complete Criteria Training annually. Command Representatives are required to complete annual CNIC web-based IDC Criteria training.

(8) A quorum is required to hold an IDC. The IDC may not consider an incident with less than 2/3rds quorum of core members. Command Representatives, although voting members are not considered part of the quorum.

(9) At case presentation, the IDC shall only discuss the information related and pertinent to the current specific allegation(s). Information is presented in the following order:

(a) The Installation Executive Officer reminds the IDC members and guests of the confidentiality requirements and introduces the Core IDC Members to the Command Representative. The Chair ensures that each voting member has completed the CNIC web-based training, and guides the IDC process.

(b) The FAR introduces the allegation, and the Chair will direct the launch of the Decision Tree Algorithm (DTA). The Command Representative(s) of the sponsor(s) opens the discussion of the incident by presenting the information that the Command received about the incident. Law Enforcement/NCIS and, SJA, and the FAR who is the last member to present will provide additional information relevant to the incident.

(c) The alleged offender's handwritten or typed statement shall no longer be read as a separate document at the

(2) The Appointment Letters for the IDC Core Members (Appendix 1) are signed by the IDC Chair following their completion of the CNIC web-based training. The IDC core members must be designated in writing by the committee chairperson. The committee chairperson shall be designated, in writing by the installation CO.

(3) The frequency of the IDC shall convene at the call of the Installation Executive Officer (Chair), at minimum, monthly to ensure allegations receive an ISD within 60 days of the initial referral to the installation FAP. Under extenuating circumstances, exceptions to this requirement may apply. Exceptions to consider are the lack of availability of the Chair to hold an IDC, the lack of FAP referrals as seen at smaller sites, the unavailability of a service member to conduct an assessment due to a deployment and a lack of availability and/or incomplete investigative interviews from civilian law enforcement agencies and/or Naval Criminal Investigative Services.

(4) The IDC membership consists of the following core members: Installation Executive Officer (Chair), Installation Command Master Chief (CMC), Installation Staff Judge Advocate (SJA), Base Security Representative, and the Family Advocacy Representative (FAR). Core members and alternates will be designated in writing by the Committee Chairman. NCIS will serve as a non-voting member of the IDC. Command representatives with the title of Commanding Officer (CO) for active duty member(s) involved in a FAP case, will typically be required to participate in the discussion and cast a vote for their command specific case only. The CO may designate in their absence an alternate within the chain of command to attend the meeting to cast a vote. The CMC is recommended as the alternate to the CO.

(5) The IDC core members must be designated in writing by the committee chairperson. The committee chairperson shall be designated, in writing by the installation CO.

(6) Attendance at the IDC is limited to individuals with an authorized "Need to Know". No active duty service member, their family member, or their attorney(s)/ representative involved in the case are permitted to attend the

may be taken to the IDC as 1 single incident with an identified offender and victim.

(a) In instances where bi-directional abuse has occurred, the incident will require that each identified alleged offender and victim receive an Incident Status Determination for the single incident occurring within a 3 day period.

(4) Subsequent allegations of abuse may be included in a case provided that full interviews and assessments are conducted on each alleged offender and victim.

(5) The Incident Assessment form must be saved in draft until all interviews have been completed. The Incident Assessment form must clearly identify only 1 victim and 1 offender for each allegation.

(6) In situations where voluntary participation in treatment occurs prior to an ISD, a clinical counseling case shall be opened and treatment documented in the clinical counseling case. Once an incident meets criteria at the IDC, the clinical counseling record shall be closed, related to the FAP record and all subsequent treatment notes shall continue to be documented in the FAP record.

b. Risk Assessment.

(1) The Incident Assessment form located in each client's file which contains the Risk Assessment Interview must be finalized before the case folder's Domestic Abuse or Child Abuse Risk Assessment can be completed. Once all Incident Assessments are completed, The Domestic Abuse or Child Abuse Risk Assessment must be finalized within 3 working days of completing all assessments of the individuals involved in the incidents.

c. The Incident Determination Committee (IDC).

(1) The purpose of the IDC and the CCSM is to divide the administrative and clinical functions of the FAP CRC into two separate meetings. The IDC only determines whether the allegations of abuse "meet" or "does not meet" criteria for entry into the Navy FAP Central Registry. No discussions regarding risk and treatment are conducted at this meeting.

c. Victim Advocate Services. Victims of domestic or child abuse occurring under DoD jurisdictions are eligible, regardless of military affiliation, for victim advocacy services on a humanitarian basis.

2. Allegation and Triage:

a. FAP Incident Report.

(1) Allegations must meet reasonable suspicion for the "ACT" of child abuse or spouse/intimate partner abuse.

(2) Upon receipt of an allegation, and reasonable suspicion has been met, the Incident Report and Safety and Lethality Assessment shall be committed and finalized within 2 working days of receipt of the allegation. In the new FAP FFSMIS the option to close a case as an I&R will be available until the first Incident Assessment form is saved. The decision to close a case as an I&R shall be made within 7 working days upon receipt of an allegation. Under exceptional circumstances, cases requiring more than 7 working days shall be staffed and approved by the FAR or Clinical Supervisor. Once the Incident Assessment form is saved the option to close a case as an I&R will no longer be available.

3. FAP Case:

a. Incident Assessment Form.

(1) An Incident Assessment Form is required for each victim and offender in all allegations established in the FAP Client Record regardless of whether the individual is interviewed. Forms will remain in draft and not committed until final preparations are made for presentation to the IDC.

(2) The FAP FFSMIS system is constructed to allow up to 4 allegations in a single case folder. Child and domestic abuse allegations shall not be combined in a Case Folder. Multiple incidences may be documented in the open FFSMIS case as long as it is the same type of abuse (adult or child).

(3) Multiple incidents, of the same type, that includes the same victim and the same alleged offender, occurring within a "reasonable period of time", of no more than 3 days, may be documented as 1 single incident. The allegations

PROCESS
REVISION FROM A CRC TO AN IDC AND CCSM MODEL

Introduction:

In accordance with NAVADMIN 155/12, the Navy implemented steps to transition its current Case Review Committee (CRC) process to the Incident Determination Committee (IDC) and Clinical Case Staff Meeting (CCSM). NAVADMIN 297/10, Family Advocacy Program Interim Policy Revisions sanctioned the use of the Decision Tree Algorithm (DTA) to make Incident Status Determinations (ISDs) at the Case Review Committee meetings. Navy wide use of the DTA was completed October 2010. NAVADMIN 101/11, the FAMILY ADVOCACY Program Pilot Process Revision announced the establishment of five pilot sites for the complete conversion of the CRC to the IDC/CCSM model. The pilot sites were Yorktown, Great Lakes, Pearl Harbor-Hickam, Lemoore and Guam. Lessons learned and best practices from the pilot sites were used for the Navy-wide launch over FYs 2012-13. The attached document provides the operational guidance and the fundamental framework for transitioning from the Case Review Committee to the IDC/CCSM model.

1. Applicability:

a. Assessment and FAP Case Management. Allegations of domestic or child abuse involving the following persons shall be assessed and managed by FAP:

(1) Active duty members of the military services (Army, Navy, Air Force and Marine Corps) and their family members who are eligible for a military-issued identification card.

(2) Reserve component members and their legal family members while on active duty.

(3) Non-foreign hire civilian employees of the Department of Defense (DoD) in overseas locations and their legal family members, including personnel who receive military health care on a fee-per-service basis.

(4) Former spouses and intimate partners as defined by Reference (c) (DoDI 6400.06 Change 1)

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IMPLEMENTING GUIDANCE FOR FAMILY ADVOCACY PROGRAM

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LETTERHEAD

From: Director, Fleet and Family Support Division
Subj: IMPLEMENTATION OF THE CLINICAL CASE STAFF MEETING (CCSM)
AND INCIDENT DETERMINATION COMMITTEE (IDC)

Ref: (a) SECNAVINST 1752.3B
(b) NAVADMIN 297/10
(c) DoDI 6400.06 Change 1
(d) NAVADMIN 101/11
(e) NAVADMIN 155/12 Navy

Encl: Appendices

1. Per reference (a), establishing procedures to ensure regions/installations are operating a multi-disciplinary committee that reviews, makes status determinations with regard to whether or not abuse occurred, and makes clinical treatment recommendations, as appropriate, in cases of child and domestic abuse as required.

Enclosure (1) and Enclosure (2) provides current guidance for implementing reference (a) and reference (b).

2. NAVADMIN 155/12 Navy Family Advocacy Program (FAP) Case Review Committee (CRC) Procedural Changes directs Fleet and Family Service Centers Navy-wide to implement an Incident Determination Committee (IDC) and Clinical Case Staff Meeting (CCSM) model to replace the Case Review Committee (CRC) model previously used to make Incident Status Determinations (ISDs) of domestic abuse and child abuse cases.

3. The point of contact for this matter is Mrs. Crystal Griffen at (202) 433-4597 or DSN: 288-4597.

CNIC N91-Family Readiness

Implementing Guidance for the
Family Advocacy Program Process
Revision from a Case Review
Committee to an Incident
Determination Committee and
Clinical Case Staff Meeting
Model

Effective

27 NOV 12